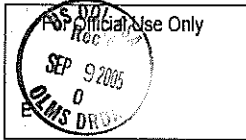


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13563</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>K</u> <u>Scott</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>8350 NW 7th Ave</u> City <u>Miami</u> State <u>Florida</u> ZIP Code + 4 <u>33150</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union No. 769</u> Labor Organization File Number <u>061186</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>8350 NW 7th Ave</u> City <u>Miami</u> State <u>Florida</u> ZIP Code + 4 <u>33150</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/10/2005</u> Date	<u>(305) 691-8440 ext 222</u> Telephone Number

Name of Person Filing Michael Scott	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Sugarman & Suskind Professional Assoc. Attor</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 2801 Ponce De Loen Blvd</p> <p>City Coral Gables</p> <p>State Florida ZIP Code + 4 33134</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p>Dinner Meeting</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$45</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12.b. Amount. <input type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing Michael Scott

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name National Employee Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8220 Irving

City Sterling

State Michigan

ZIP Code + 4 48312

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name National Employee Health Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 8220 Irving

City Sterling

State Michigan

ZIP Code + 4 48312

11.a. Nature of such dealing.

Reimbursement for travel cost associated with NEHP Trustee meeting

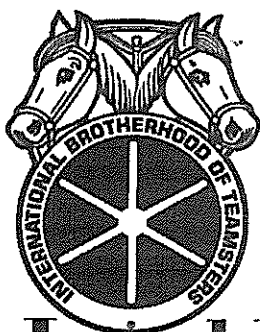
11.b. Approximate dollar value of such dealing.

\$746

12.a. Nature of interest held or income received.

12.b. Amount.

MIKE SCOTT
President
JOSH ZIVALICH
Sec. - Treas.



Teamsters Local Union no. 769

AFFILIATED WITH INTERNATIONAL BROTHERHOOD OF TEAMSTERS

8350 N.W. SEVENTH AVENUE
MIAMI, FLORIDA 33150
Phone: (305) 691-8440
1-(800) 253-3452 Outside Dade County
Facsimile: (305) 691-0709
www.Teamsters-Local769.com

August 10, 2005

U S Department of Labor
Office of Labor Management Standards
Washington, D.C. 20210

To Whom It May Concern:

Attached you will find my LM-30 filing for calendar year 2004. Please be advised that I maintained no records for calendar year 2004. Therefore, the attached form represents my best recollection of the reportable events for calendar year 2004.

Very Truly Yours,

TEAMSTERS LOCAL UNION NO. 769

Mike Scott
President





MIKE SCOTT
President
JOSH ZIVALICH
Sec. - Treas.

Teamsters Local Union no. 769

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September 1, 2005

Kay Oshal
United States Department of Labor
US DOL-ESA
200 Constitution Avenue, NW
Washington, D.C. 20210

Room: N-5605

Dear Ms. Oshal:

As we discussed during a telephone conversation last week, Teamsters Local Union No. 769 employees Mike Scott, Josh Zivalich, Rolando Piña, and Keith Pascalis, mailed their LM-30 forms to the US Department of Labor, Wachovia Building, 1 East Broward Boulevard, Room 608, Fort Lauderdale, Florida 33301. Each of the mailings was postmarked on or before August 15, 2005. All four of the LM-30's were returned to sender with a notation that there was no entity at the address to receive documents. Josh Zivalich personally went to the Wachovia Building address to redeliver his LM-30 and found that there was no occupant. He learned from a law firm located down the hall that no one had moved into the office space as yet.

I have enclosed herewith the four (4) LM-30's with the outer envelopes they were originally mailed in. As you can see, reasonable attempts were made by each of our employees to comply with the August 15th deadline.

Two other employees of Local 769, Stephen Greenwell and Daisy Gonzalez, also mailed their LM-30's to the Wachovia Building address but have not received notice that they were undeliverable. If the LM-30's for Mr. Greenwell and Ms. Gonzalez are returned, we will likewise forward them to you immediately.

If you have any questions, please call me at your convenience.

Very Truly Yours,

Stanton R. Orr, Esq.

Counsel for Teamsters Local Union No. 769

cc: Mike Scott
Josh Zivalich
Rolando Piña
Keith Pascalis
Steve Greenwell
Daisy Gonzalez

Encl

